

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Mesay</i>		<i>11-16-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>10</i>	<i>11-28-01</i>
<b>FORMALITY REVIEW</b>	<i>H-T</i>	<i>913</i>	<i>11-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	0		11-29-01
2	1		
3	0		
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6	✓		
7	0		
8	✓		
9	✓		
10	0		
11	✓		
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15	✓		
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20	✓		
21	0		
22	✓		
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28	✓		
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35	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TC-85  
11/27/01